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*Counsel for Lenard E. Schwartzter, Trustee*

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

In re:

MEDIZONE INTERNATIONAL, INC.,

Debtor.

Case No. BK-S-18-12662-ABL

Chapter 7

**OMNIBUS OBJECTION FOR AUTHORITY  
TO DESIGNATE CERTAIN PROOFS OF  
CLAIM AS SHAREHOLDER INTERESTS  
(FRBP 3007(d))**

Hearing Date: June 10, 2020

Hearing Time: 9:30 a.m.

LENARD E. SCHWARTZER, Chapter 7 Trustee (the "Trustee"), by and through his counsel, Schwartzter & McPherson Law Firm, files this *Omnibus Objection to Designate Certain Claims as Shareholder Claims* (the "Omnibus Objection") pursuant to Fed.R.Bankr.P. 3007(d).

The Trustee has identified 77 proofs of claim filed in this case by investors that should have been filed as proof of shareholder interests instead, so the Trustee requests that such claims be deemed proof of shareholder interests for purposes of distribution. The Trustee requests this omnibus relief instead of requiring each investor to withdraw the proofs of claims they have already filed and re-file proofs of shareholder interest. The claims to be designated as shareholder interests are set forth in this Omnibus Objection and listed in **Exhibit "1"** attached to this Motion.

This Omnibus Objection is supported by the *Declaration of Lenard E. Schwartzter* (the "Schwartzter Declaration") filed concurrently with this Omnibus Objection, and the following Points and Authorities. This Omnibus Objection is brought pursuant to FRBP 3007(d)(7) because the objection is based solely on the fact that these subject claims are shareholder interests rather than claims.

## I. JURISDICTION

The Court has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334. This is a core proceeding pursuant to 28 U.S.C. §157(b). Venue is proper before this Court pursuant to 28 U.S.C. §§ 1408 and 1409.

## II. FACTUAL BACKGROUND

1. On April 18, 2018, creditors Edwin G. Marshall and Dr. Jill C. Marshall (collectively, the “Marshalls”), and creditors Ushio America, Inc. and Engineering CPR, Inc. (together with the Marshalls, the “Petitioning Creditors”), filed an involuntary petition under Chapter 11 the Bankruptcy Code against Debtor MEDIZONE INTERNATIONAL, INC. (the “Debtor”) in Reno, Nevada, thereby commencing bankruptcy case number 18-50412-GWZ (the “Involuntary Chapter 11 Case”).

2. On May 8, 2018, the Debtor filed its voluntary petition pursuant to Chapter 7 of the Bankruptcy Code in Las Vegas, Nevada, and Trustee Schwartzer was appointed to administer the Chapter 7 estate. The Involuntary Chapter 11 Case was subsequently dismissed.

3. The Debtor was a publicly traded company and financed its operations since inception primarily by the sale of its common stock in small private placements. Debtor’s most recent Form 10-K annual report filed March 20, 2018, with the United States Securities and Exchange Commission, indicates it had 415,191,788 shares of common stock outstanding as of March 20, 2018.

4. The Trustee was authorized by this Court to operate the business for approximately 90 days from June 1, 2018 through August 31, 2018 [ECF No. 36], and was authorized to borrow up to \$200,000.00 from the Marshalls [ECF No. 40] to fund said operation pending sale of the estate’s assets. The Trustee completed the necessary operation of the business, sold substantially all of the estate assets to ASEPTICSURE SCIENTIFIC, LLC [ECF No. 85], and repaid the post-petition loan from the Marshalls in full.

5. Upon review of the 93 proofs of claim filed in this case, the Trustee has identified 77 proofs of the claim that appear to assert shareholder capital stock interests in the Debtor rather than claims against the Debtor for money owed pursuant to a debt.

6. Shareholder equity rights from ownership of capital stock are categorized differently for purposes of distribution than proofs of claim for a debt, so the Trustee requests authorization to designate the following 77 proofs of claims (the “Shareholder Filings”) as proofs of shareholder equity interests, rather than proofs of claim, for purposes of distribution:

Claim No.	Claimant	Date Filed	Amount Claimed
4	Hans Peter Peters	06/07/2018	\$ 86,250.00
7	Stephanie Freeman	06/26/2018	\$ 0.00
8	Tevon (Dedona) Davis, Tevon Mertz	06/25/2018	\$ 0.00
9	Thomas Booth Harris	06/25/2018	\$ 21,776.85
10	Robert A Kelley	06/25/2018	\$ 750.00
11	David E. Arthur	06/25/2018	\$ 500.00
12	Thomas Booth Harris	06/25/2018	\$ 21,776.85
13	Darlene M. Laino-Kuren	06/25/2018	\$ 0.00
14	Daniel Durica & Rosemary T. Durica JT TEN	06/25/2018	\$ 2,500.00
15	John S. and Sally J. Washburn JT TEN	06/26/2018	\$ 0.00
16	Batty A. and Cynthia L. Fadden	06/26/2018	\$ 0.00
17	Nancy E. Miller	06/27/2018	\$ 500.00
18	Stephanie Freeman	06/28/2018	\$ 0.00
19	Dorothy J. Jackson	06/28/2018	\$ 500.00
20*	Richard L. and Lorna J. Johnson	06/28/2018	\$ 0.00
21	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	06/29/2018	\$ 0.00
22	Greg M. Conger	07/02/2018	\$ 10,699.48
23	The Sunset Trust, Maud P. Leonard, deceased, Russell L. Leonard	07/02/2018	\$ 0.00
24	Patsy Wong	07/02/2018	\$ 955.63
25	Joel Savitch	07/02/2018	\$ 0.00
26	Deborah L. Perri	07/02/2018	\$ 0.00
27	Guenter B. Moldzio, c/o Andria Moldzio, Trustee	07/02/2018	\$ 5,000.00
28	Carla G. Brunner	07/02/2018	\$ 100.00
29	Manuel Perea	07/05/2018	\$ 500.00

**SCHWARTZ & MCPHERSON LAW FIRM**

2850 South Jones Boulevard, Suite 1  
 Las Vegas, Nevada 89146-5308  
 Tel: (702) 228-7590 · Fax: (702) 892-0122

30	Peter and Sheila DiPiazza	07/05/2018	\$ 0.00
31	George James Kamoutsis	07/06/2018	\$ 500.00
32	Bruce Oryson	07/11/2018	\$ 761.00
33	Elaine Parenteau	07/12/2018	\$ 500.00
35	Joseph V. Martin	07/13/2018	\$ 575,000.00
36	Harriet Gertner	07/13/2018	\$ 0.00
37	Erika Varble	07/16/2018	\$ 951.60
38	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	07/16/2018	\$ 72,350.00
39*	Daniel M. Newman	07/16/2018	\$ 0.00
40	Timothy R. Ryan	07/16/2018	\$ 3,000.00
41	William Leslie Stoodard	07/17/2018	\$ 0.00
44*	Vincent Fam. Trust	07/19/2018	\$ 10,000.00
45	Valery Warble	07/20/2018	\$ 951.60
47	David Anthony Gaughan	07/20/2018	\$ 1641.20
48	Arthur Allison Wills III	07/23/2018	\$ 0.00
49	Billy Erwin	07/26/2018	\$ 151,500.00
50	Brian Couture	07/26/2018	\$ 261,500.00
51	Peter Schoener	07/27/2018	\$ 83,000.00
52	Jacqueline Rose	07/30/2018	\$ 633.00
53	Fred Schneider	07/30/2018	\$ 441.00
54	Donald G. Smith	07/31/2018	\$ 750.00
55*	Donna M. Teada	08/01/2018	\$ 0.00
57	Lawrence Walter Cooke & Constance Mary Cooke JT TEN	08/03/2018	\$ 11,665.00
58*	Betty Jane Cecil	08/06/2018	\$ 5,020.00
59	Kathryne O'Connell	08/06/2018	\$ 52,000.00
60	Ronald R. Coomber & Claire T. Coomber JTWROS	08/07/2018	\$ 36,599.00
61	Jim Carroll	08/13/2018	\$ 10,000.00
62	Nancy A. Penza	08/13/2018	\$ 0.00
63	James Bellman, Deneen Bellman	08/13/2018	\$ 11,502.10
64*	Ruby M. Boecker	08/13/2018	\$ 1,000.00

65	James Richard Campbell	08/17/2018	\$ 0.00
66	Peter M. Mullarkey & Annette J. Mullarkey	08/17/2018	\$ 6,500.00
67	Thomas G. Beaumont, Mary B. Beaumont	08/20/2018	\$ 500.00
69	Cindy Shelter Varble	08/29/2018	\$ 951.60
70	Dyke R. Varble	08/29/2018	\$ 951.60
71	Linda Patow	08/29/2018	\$ 10,000.00
73	Robert McGuire	09/04/2018	\$ 0.00
77	Henry L. Kozloski	09/10/2018	\$ 800.00
78	Joseph Gehebe	09/07/2018	\$ 750.00
79	Sherry M. Adler	09/10/2018	\$ 2,300.00
81	Kenneth D. Holroyd	09/11/2018	\$ 22,000.00
82	Joasia Carson	09/12/2018	\$ 0.00
83*	Dana Guertin	09/13/2018	\$ 1,500.00
84*	Morgan and Ruth O'Shea	09/13/2018	\$ 540.00
85	Maribeth Kambitsch	09/13/2018	\$ 3,647.76
86	Catherine M. Campigno & Anthony M. Campigno	09/14/2018	\$ 425.00
87	Rudolph K. Paulsen, Jr.	09/14/2018	\$ 581.25
88	Ronald St. John	09/14/2018	\$ 0.00
89	Solomon Volen & Irma Volen JT TEN	09/21/2018	\$ 200.00
90	David M. Krombeen	09/24/2018	\$ 12,880.00
91	Renee Paulson	09/27/2018	\$ 250,000.00
92*	Pauline L. King	01/28/2019	\$ 0.00
93	Paul D. Borchadt and Paula R. Borchadt	02/07/2020	\$ 30,595.00

\*Nine of these Shareholder Filings (marked with \*) do not expressly state they are shareholder interests, but the Trustee has determined these claims represent shareholder interests based on available information.

6. The first page from each of the Shareholder Filings is attached in numerical order as Exhibit "2."

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III. MEMORANDUM OF LAW**A. Creditor ‘Proof of Claim’ vs. Shareholder ‘Proof of Interest’**

The Bankruptcy Code differentiates a proof of claim from proof of an equity security interest. Under the Bankruptcy Code, a “claim” is defined as a “right to payment ... or ... an equitable remedy.” 11 U.S.C. §101(5). An “equity security,” by contrast, is a “share in a corporation, whether or not transferrable or denominated ‘stock,’ or similar security,” or a “warrant or right, other than a right to convert, to purchase, sell, or subscribe to [such an interest],” *Id.* §101(16)(A), (C). Thus, an interest in an equity security (which in this case includes shareholders) is distinct from a claim to a right to payment or an equitable remedy. Parties with “claims” against a debtor are “creditors,” *Id.* §101(10), and those with “equity securities” of the debtor (*i.e.*, shareholders) are “equity security holders,” *Id.* § 101 (17).

11 U.S.C. §501(a) states that “a creditor or an indenture trustee may file a **proof of claim**. An equity security holder may file a **proof of interest**.” §501(a)(emphasis added). In this case, however, it appears numerous shareholders of the Debtor have filed proofs of claim rather than proofs of interest. To facilitate distribution, the Trustee submits this omnibus request to designate these Shareholder Filings as proofs of interest for purposes of distribution, rather than impose a burden on these investors to withdraw their proofs of claim and refile them as proofs of interest.

The Ninth Circuit Bankruptcy Appellate Panel has sanctioned this approach, noting that if an equity security holder, “out of confusion,” “file[s] [a] proof[ ] of claim”—instead of a proof of interest—the claim is “properly disallowed” as “duplicative” of a proof of interest. USA Capital Realty Advisors, LLC v. USA Capital Diversified Trust Deed Fund, LLC (In re USA Commercial Mortg. Co.), 377 B.R. 608, 615 (B.A.P. 9th Cir. 2007).

In such a situation, the chapter 7 trustee may file an omnibus objection to such claims “on the ground they are ‘interests, rather than claims.’ Fed. R. Bankr. P. 3007(d)(7).” In re Lehman Bros. Holdings Inc., 855 F.3d 459, 469–70 (2d Cir. 2017)

The Trustee has not identified any basis to object to the numbers of shares claimed in each Shareholder Filing.

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**IV. CONCLUSION**

Based upon the foregoing, the Trustee requests entry of an Order of this Court pursuant to Fed.R.Bankr.P 3007 that the Shareholder Filings identified in this Motion and in attached **Exhibit “1”** shall be deemed timely filed proofs of shareholder equity security interests rather than proofs of claim for purposes of distribution.

A proposed form of Order is attached to this Motion as **Exhibit “3.”**

Dated: April 21, 2020.

/s/ Jason A. Imes

Jason A. Imes, Esq.

Schwartz & McPherson Law Firm

2850 S. Jones Boulevard, Suite 1

Las Vegas, NV 89146

*Counsel for Lenard E. Schwartz, Trustee*

# EXHIBIT “1”

**EXHIBIT 1****PROOFS OF CLAIM TO BE DESIGNATED AS  
PROOFS OF SHAREHOLDER INTERESTS**

<b>Claim No.</b>	<b>Claimant</b>	<b>Date Filed</b>	<b>Amount Claimed</b>
4	Hans Peter Peters	06/07/2018	\$ 86,250.00
7	Stephanie Freeman	06/26/2018	\$ 0.00
8	Tevon (Dedona) Davis, Tevon Mertz	06/25/2018	\$ 0.00
9	Thomas Booth Harris	06/25/2018	\$ 21,776.85
10	Robert A Kelley	06/25/2018	\$ 750.00
11	David E. Arthur	06/25/2018	\$ 500.00
12	Thomas Booth Harris	06/25/2018	\$ 21,776.85
13	Darlene M. Laino-Kuren	06/25/2018	\$ 0.00
14	Daniel Durica & Rosemary T. Durica JT TEN	06/25/2018	\$ 2,500.00
15	John S. and Sally J. Washburn JT TEN	06/26/2018	\$ 0.00
16	Batty A. and Cynthia L. Fadden	06/26/2018	\$ 0.00
17	Nancy E. Miller	06/27/2018	\$ 500.00
18	Stephanie Freeman	06/28/2018	\$ 0.00
19	Dorothy J. Jackson	06/28/2018	\$ 500.00
20*	Richard L. and Lorna J. Johnson	06/28/2018	\$ 0.00
21	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	06/29/2018	\$ 0.00
22	Greg M. Conger	07/02/2018	\$ 10,699.48
23	The Sunset Trust, Maud P. Leonard, deceased, Russell L. Leonard	07/02/2018	\$ 0.00
24	Patsy Wong	07/02/2018	\$ 955.63
25	Joel Savitch	07/02/2018	\$ 0.00
26	Deborah L. Perri	07/02/2018	\$ 0.00
27	Guenter B. Moldzio, c/o Andria Moldzio, Trustee	07/02/2018	\$ 5,000.00
28	Carla G. Brunner	07/02/2018	\$ 100.00
29	Manuel Perea	07/05/2018	\$ 500.00
30	Peter and Sheila DiPiazza	07/05/2018	\$ 0.00
31	George James Kamoutsis	07/06/2018	\$ 500.00

32	Bruce Oryson	07/11/2018	\$ 761.00
33	Elaine Parenteau	07/12/2018	\$ 500.00
35	Joseph V. Martin	07/13/2018	\$ 575,000.00
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51	Peter Schoener	07/27/2018	\$ 83,000.00
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54	Donald G. Smith	07/31/2018	\$ 750.00
55*	Donna M. Teada	08/01/2018	\$ 0.00
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58*	Betty Jane Cecil	08/06/2018	\$ 5,020.00
59	Kathryne O'Connell	08/06/2018	\$ 52,000.00
60	Ronald R. Coomber & Claire T. Coomber JTWROS	08/07/2018	\$ 36,599.00
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70	Dyke R. Varble	08/29/2018	\$ 951.60
71	Linda Patow	08/29/2018	\$ 10,000.00
73	Robert McGuire	09/04/2018	\$ 0.00
77	Henry L. Kozloski	09/10/2018	\$ 800.00
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88	Ronald St. John	09/14/2018	\$ 0.00
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90	David M. Krombeen	09/24/2018	\$ 12,880.00
91	Renee Paulson	09/27/2018	\$ 250,000.00
92*	Pauline L. King	01/28/2019	\$ 0.00
93	Paul D. Borchadt and Paula R. Borchadt	02/07/2020	\$ 30,595.00

# EXHIBIT “2”

**Fill in this information to identify the case:**

Debtor 1 MEDIZONE INTERNATIONAL, INC.  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court District of Nevada  
 Case number: 18-12662

FILED

U.S. Bankruptcy Court  
District of Nevada

6/7/2018

Mary A. Schott, Clerk

**Official Form 410  
Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>HANS PETER PETERS</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>pls change house number from ' 16 ' to ' 12 '</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b> <u>HANS PETER PETERS</u> Name <u>VIVTORIAWEG 16</u> <u>61350 BAD HOMBURG</u> <u>GERMANY</u> Contact phone <u>0049 6172 84282</u> Contact email <u>petershanspeter2@yahoo.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> <u>hans peter peters</u> Name <u>viktoriaweg 12</u> <u>bad homburg – Germany, 61350</u> Contact phone <u>0049617284282</u> Contact email <u>petershanspeter2@yahoo.com</u>
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Fill in this information to identify the case:**

Debtor 1 MEDIZONE INTERNATIONAL, INC.  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court District of Nevada  
 Case number: 18-12662

FILED

U.S. Bankruptcy Court  
District of Nevada

6/26/2018

Mary A. Schott, Clerk

**Official Form 410  
Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	STEPHANIE FREEMAN Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> STEPHANIE FREEMAN Name 664 E 6TH ST MESA AZ 85203-7107 Contact phone <u>602-317-2644</u> Contact email <u>stephanie.gardner@avnet.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 Medizone International, Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LEB

RECEIVED  
AND FILED

NPC

2018 JUN 25 PM 2 36

U.S. BANKRUPTCY COURT  
MARY A. CRISTO, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor? Tevon (DeDona) MERTZ  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  
☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)		
Name <u>Tevon MERTZ</u>			Name _____		
Number Street <u>604 Wilcox</u>			Number Street _____		
City State ZIP Code <u>Rochester MI 48307</u>			City State ZIP Code _____		
Contact phone <u>248 6505299</u>			Contact phone _____		
Contact email <u>etmertz@shcglobal.net</u>			Contact email _____		
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____					

4. Does this claim amend one already filed?  
☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Medizone International Inc

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LER

RECEIVED  
AND FILED

NPC

2018 JUN 25 PM 2 31

U.S. BANKRUPTCY COURT  
MARY ELLEN HALL, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

## 1. Who is the current creditor?

Thomas Booth Harris

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Booth Harris

## 2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

## 3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Thomas Booth Harris

Name

5350 Woodbury ST

Number

Street

Ventura CA

City

State

93003

ZIP Code

Contact phone

805 479-1333

Contact email

tbharris@roadrunner.comTbharris@roadrunner.com

Where should payments to the creditor be sent? (if different)

Thomas Booth Harris

Name

5350 Woodbury ST

Number

Street

Ventura CA

City

State

93003

ZIP Code

Contact phone

805 479-1333

Contact email

tbharris@roadrunner.com.comUniform claim identifier for electronic payments in chapter 13 (if you use one):  
-----

## 4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

## 5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

NPC

Fill in this information to identify the case:

Debtor 1 ROBERT A. KELLEY

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number BK-5 18-12662-LEB

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U.S. BANKRUPTCY COURT  
MARY A. CHIDEL, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

ROBERT A. KELLEY

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices

Name \_\_\_\_\_

Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact phone

616-453-2833

Contact email \_\_\_\_\_

Where should payments to the creditor be sent? (if different)

Name \_\_\_\_\_

Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

NPC

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AND FILED

2018 JUN 25 PM 2 34

U.S. BANKRUPTCY COURT  
MARY ANN HART, CLERK

Fill in this information to identify the case:

Debtor 1 MEDIZONE INTERNATIONALDebtor 2  
(Spouse, if filing)United States Bankruptcy Court for the: Las Vegas District of NEVADACase number AKS 18-12662-LEB

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

DAVID E ARTHUR

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

DAVID E ARTHUR

Name

9-4TH ST.

Number Street

VANDLING, PA. 18421

City State ZIP Code

Contact phone 570-785-2617

Contact email

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1 Medizone International Inc

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LEB

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AND FILED

NPC

2018 JUN 25 PM 2 31

U.S. BANKRUPTCY COURT  
MARY ELLEN HALL, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Thomas Booth Harris

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Booth Harris

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Thomas Booth Harris

Name

5350 Woodbury ST

Number

Street

Ventura CA

City

State

93003

ZIP Code

Contact phone

805 479-1333

Contact email

tbharris@roadrunner.comTbharris@roadrunner.comUniform claim identifier for electronic payments in chapter 13 (if you use one):  
-----

Where should payments to the creditor be sent? (if different)

Thomas Booth Harris

Name

5350 Woodbury ST

Number

Street

Ventura CA

City

State

93003

ZIP Code

Contact phone

805 479-1333

Contact email

tbharris@roadrunner.com.com

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

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2018 JUN 25 PM 2 33

U.S. BANKRUPTCY COURT  
MARYLAND, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Darlene M. Laino-Kuren

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Darlene M. Laino

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

Where should notices to the creditor be sent?

Darlene M. Laino-Kuren

Name

81 Mary Ave

Number Street

Woodland PK NJ 07424

City State ZIP Code

Contact phone 973-225-9903Contact email darlene.lk@optonline.netUniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 DANIEL DURICA

Debtor 2 ROSEMARY T. DURICA  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number BK-S 18-12662-LEB

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>DANIEL DURICA AND ROSEMARY T. DURICA</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>N/A</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  <u>DANIEL DURICA</u> Name <u>59 SAMUEL WOODWORTH RD.</u> Number Street <u>Norwell, MA 02061</u> City State ZIP Code Contact phone <u>781-659-7725</u> Contact email <u>DEANTOWN6@ME.COM</u>	Where should payments to the creditor be sent? (if different)  Name Number Street City State ZIP Code Contact phone Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim

Case:  
Medi-zone  
International, Inc.

Fill in this information to identify the case:

Debtor 1 John S. WASHBURN  
 Debtor 2 Sally J. Washburn  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: District of Nevada  
 Case number BK-S 18-12662-LEB

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

John S. Washburn  
 Name of the current creditor (the person or entity to be paid for this claim)  
 Other names the creditor used with the debtor Sally J. Washburn

2. Has this claim been acquired from someone else?

☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

John S. Washburn  
 Name  
6215 SURREY LN.  
 Number Street  
Carbondale, IL. 62901  
 City State ZIP Code  
 Contact phone 618-924-2576  
 Contact email jwash@su.edu

Where should payments to the creditor be sent? (if different)

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Number Street  
 \_\_\_\_\_  
 City State ZIP Code  
 Contact phone \_\_\_\_\_  
 Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
 \_\_\_\_\_

4. Does this claim amend one already filed?

☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
 MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Barry A. Fadden  
 Debtor 2 Cynthia H. Fadden  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 Case number BK-5 18 12662-LEB

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>Barry A. + Cynthia H. Fadden</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Barry + Cynthia Fadden</u> Name <u>83 Van Winkle St. #1</u> Number Street <u>DORCHESTER MA 02124</u> City State ZIP Code Contact phone <u>617-282-2824</u> Contact email <u>bcetfadden@yahoo.com</u>	Where should payments to the creditor be sent? (if different) <u>Barry + Cynthia Fadden</u> Name <u>83 Van Winkle St. #1</u> Number Street <u>DORCHESTER MA 02124</u> City State ZIP Code Contact phone <u>617-282-2824</u> Contact email <u>bcetfadden@yahoo.com</u>
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Medizone International Inc.

Fill in this information to identify the case:

Debtor 1 Barry A Fadden

Debtor 2 (Spouse, if filing) Cynthia K. FADDEN

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number BK-5 18 12662-LFB

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RETURNED  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor? Barry A. + Cynthia K. Fadden  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  
☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?  
Name Barry + Cynthia Fadden  
Number 83 Street Van Winkle St. #1  
City DORCHESTER State MA ZIP Code 02124  
Contact phone 617-282-2824  
Contact email bcetfadden@yahoo.com

Where should payments to the creditor be sent? (if different)  
Name Barry + Cynthia Fadden  
Number 83 Street Van Winkle St #1  
City DORCHESTER State MA ZIP Code 02124  
Contact phone 617-282-2824  
Contact email bcetfadden@yahoo.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

4. Does this claim amend one already filed?  
☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

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JUL 05 2018

page 1

Official Form 410

Proof of Claim

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Fill in this information to identify the case:

Debtor 1 Melchzone International

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number 13-12602

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AND FILED  
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2013 JUN 27 PM 1 12

U.S. BANKRUPTCY COURT  
MARIA L. QUINN, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Nancy E. Miller  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor N/A

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

Where should notices to the creditor be sent?

Nancy E. Miller  
Name  
302 Cottonwood Way N  
Number Street  
Monmouth OR 97361  
City State ZIP Code

Contact phone 503-838-0721Contact email ladynanmil@icloud.com

Where should payments to the creditor be sent? (if different)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Stephanie Freeman → (last name now Gardner)

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12462-LEB

2018 JUN 28 PM 12 51

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U.S. BANKRUPTCY COURT  
MARY A. GONNETT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor? Stephanie Freeman (new last name is: Gardner)  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor None

2. Has this claim been acquired from someone else?  
☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?  
Name Stephanie Freeman Gardner  
Number 664 Street East 6th Street  
City Mesa State Arizona ZIP Code 85203

Where should payments to the creditor be sent? (if different)  
Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone 602-317-2644 Contact phone \_\_\_\_\_  
Contact email Stephanie.gardner@avnet.com Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed? ☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? ☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Mallzone International

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: 18-17602 District of \_\_\_\_\_

Case number \_\_\_\_\_

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2018 JUN 28 PM 12 53  
U.S. BANKRUPTCY COURT  
MARY A. SCHULZ, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

## 1. Who is the current creditor?

Dorothy Jackson  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

## 2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

## 3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Dorothy Jackson  
Name  
165 N. Sappington Rd  
Number Street  
St Louis MO 63122  
City State ZIP Code

Contact phone 314-822-8708

Contact email mstittty2003@yahoo.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

Where should payments to the creditor be sent? (if different)

the same  
Name  
Number Street  
City State ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

## 4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

## 5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Richard L Johnson  
 Debtor 2 KORNA J Johnson  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA  
 Case number BK-5 18-12662-LEB

Meckzone International

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AND FILED

2018 JUN 28 PM 12 53 EGP

U.S. BANKRUPTCY COURT  
MARY A. ROBERTS, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>Richard L Johnson and Korna J Johnson</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>MR &amp; MRS Richard Lane Johnson</u> Name <u>64 Yale Ave</u> Number Street <u>Plymouth MA 02360</u> City State ZIP Code Contact phone _____ Contact email _____	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 Thelma Jo Bennett

Debtor 2 Theodore Grant Bennett (deceased)  
(Spouse, if filing)

United States Bankruptcy Court for the Bankruptcy District of Nevada

Case number BK-5 18-12662-LEB

2018 JUN 29 PM 1 53

NPC

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor? Thelma Jo Bennett  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor Theodore Grant Bennett (deceased)

2. Has this claim been acquired from someone else? ☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?  
Name Thelma Bennett  
Number 680 Street Madison 8401  
City Hindsville State Ark ZIP Code 72738  
Contact phone 479-789-2897  
Contact email \_\_\_\_\_

Where should payments to the creditor be sent? (if different)  
Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amount one already filed? ☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? ☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor 1 MEDIZONE INTERNATIONAL, INC.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court **District of Nevada**

Case number: 18-12662

FILED

**U.S. Bankruptcy Court  
District of Nevada**

7/2/2018

**Mary A. Schott, Clerk**

# Official Form 410 **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

## Part 1: Identify the Claim

**1. Who is the current creditor?**

Greg M. Conger

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No  
☐ Yes. From whom?

**3. Where should notices and payments to the creditor be sent?**

**Where should notices to the creditor be sent?**

Greg M. Conger

Name

Gilbert & Sackman, a Law Corporation  
3699 Wilshire Boulevard  
Suite 1200  
Los Angeles, CA 90010-2732

Contact phone 2139004690

Contact email ilpaller@qslaw.org

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

**Where should payments to the creditor be sent? (if different)**

Greg M. Conger

Name

4339 Terra Vista Lane

Anaheim Hills, CA 92807

Contact phone 7142697911

Contact email gmconger@gmail.com

4. Does this claim amend one already filed?

☒ No  
☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No  
☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1 Medizone International, Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LEB

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>The Sunset Trust</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Maud P. Leonard, deceased</u>	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? <u>Maud P. Leonard, deceased.</u>	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>RUSSELL L. LEONARD</u> Name <u>188 Grand View Lane</u> Number Street <u>Sewanee, TN 37375</u> City State ZIP Code Contact phone <u>931-212-0447</u> Contact email <u>rleonardlegal@gmail.com</u>	Where should payments to the creditor be sent? (if different) <u>Same as notices</u> Name Number Street City State ZIP Code Contact phone Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1

Patsy Wong

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the:

District of

Nevada

Case number

BK-S 18-12662-LEB

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2018 JUL 2 PM 1 58

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Patsy Wong

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Patsy Swabaki

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Patsy Wong

Name

1255 Nuuanu Ave, #2414

Number

Street

Honolulu HI

City

State

96817

ZIP Code

Contact phone

808-521-2403

Contact email

None

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

-----

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1

MEDIZONE INTERNATIONAL, INC.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the:

District of NEVADA

Case number

BKS 18-12662-LEB

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2018 JUL 2 PM 2 02

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Joel R. Savitch

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name

Joel Savitch

Name

Number

Street

1700 NW 70 LANE

Number

Street

City

State

ZIP Code

MARGATE FL 33063

City

State

ZIP Code

Contact phone

954-993-5635

Contact phone

Contact email

JoelSavitch@AOL.com

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number 18-12662RECEIVED  
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2018 JUL 2 PM 1 56

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filters must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

DEBORAH L. PERRI

Name of the current creditor (the person or entity to be paid for this claim)

deceased parents

Other names the creditor used with the debtor

FLORENCE H. MEOLA : Philip MEOLA

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

DEBORAH L. PERRI

Name

80 BROOKWILLOW AVE

Number

Street

WEST LONG BRANCH NJ 07764

City

State

ZIP Code

Contact phone 973-650-2642Contact email deborah-perri@gmail.com

Where should payments to the creditor be sent? (if different)

DEBORAH L. PERRI

Name

80 BROOKWILLOW AVE

Number

Street

WEST LONG BRANCH NJ 07764

City

State

ZIP Code

Contact phone 973-650-2642Contact email deborah-perri@gmail.comUniform claim identifier for electronic payments in chapter 13 (if you use one):  
-----

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Medizone International, Inc.Debtor 2  
(Spouse, if filing)United States Bankruptcy Court for the: District of NevadaCase number BK-S 18-12462 LEBRECEIVED  
AND FILED

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2018 JUL 2 PM 1 56

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim) Guenter B. Moldzio

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Name Andria Moldzio, Trustee  
Estate of Guenter B. MoldzioNumber 2435 Street Countryside Dr.  
City Long Lake State MN ZIP Code 55356Contact phone cell 272 3923Contact email andria.fullerton@gmail.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)

Filed on MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1: Carla G. Brunner  
 Debtor 2: Frank T. Brunner, Jr. (dec'd.)  
 (Spouse, if filing) Las Vegas  
 United States Bankruptcy Court for the: Division District of Nevada  
 Case number BK-518-12662-LEB

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2018 JUL 2 PM 2 01

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Carla G. Brunner (Mrs. Frank Brunner)</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? <u>my husband (Frank G. Brunner, Jr.)</u>	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Carla G. Brunner</u> Name <u>1707 Metzler, Lane</u> Number Street <u>Jonesboro, Arkansas 72401</u> City State ZIP Code Contact phone <u>(810) 203-0178</u> Contact email _____	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 MANUEL PEREA

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Las Vegas District of NEVADA

Case number BK-S 18-12662-LEB

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2018 JUL 5 AM 11:49

MEDIZONE INTERNATIONAL INC.

U.S. BANKRUPTCY COURT  
MARYLAND, DISTRICT OF COLUMBIA  
CLERK 04/16

Official Form 410

**Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>MANUEL PEREA</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Name <u>MANUEL PEREA</u> <u>P.O. Box 733</u> Number Street <u>SUNSET BEACH, CALIF. 90742</u> City State ZIP Code Contact phone <u>(562) 502-5544</u> Contact email <u>PEREASUNSET@gmail.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
	Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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JUL 5 2018

DLS

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of

Case number

BK-5-18-12662-LEB

2018 JUL 5 PM 12 56

U.S. BANKRUPTCY COURT  
MAY 11 2018

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Name

Name

Number

Street

Number

Street

City

State

ZIP Code

City

State

ZIP Code

Contact phone

Contact phone

Contact email

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing?

DLS

Fill in this information to identify the case:

Debtor 1 George James Kamoutsis

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the \_\_\_\_\_ District of \_\_\_\_\_

Case number BK-S-18-12662-LEB

2018 JUL 6 PM 12:43

U.S. BANKRUPTCY COURT  
MARYLAND, DISTRICT OF

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

George James Kamoutsis  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

George James Kamoutsis  
Name  
290 N. Woodhill Dr.  
Number Street  
Amherst, OH 44001  
City State ZIP Code

Contact phone 440-988-2440

Contact email g-o-kamoutsis@hotmail.com

Where should payments to the creditor be sent? (if different)

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No ?

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Medizone International, Inc

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number 18-12662-Lwb

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2018 JUL 11 PM 1 48

Official Form 410

## Proof of Claim

U.S. BANKRUPTCY COURT 04/16  
MARY A. SCHOTT, CLERK

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>BRUCE ORYSON</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>JANET ORYSON</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>BRUCE ORYSON</u> Name <u>168 BRAGBURN WAY</u> Number Street <u>WAYNESVILLE NC 28785</u> City State ZIP Code Contact phone <u>7025394798</u> Contact email <u>ORYSON@GMAIL.COM</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 MEDIZONE INTERNATIONAL

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LEB

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2018 JUL 12 PM 1 22  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Elaine Parenteau</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>N/A</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Elaine Parenteau</u> Name <u>9332 N. Hampshire Dr</u> Number Street <u>Tucson, AZ 85712</u> City State ZIP Code Contact phone <u>(520) 400-5044</u> Contact email <u>epsunbum@comcast-net</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Fill in this information to identify the case:**

Debtor 1 V. M. Dwyer Int'l L Inc

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the \_\_\_\_\_ District of \_\_\_\_\_

Case number 18-12662

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor? Joseph V. Martin  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else? ☒ No  
☐ Yes. From whom? Leonard E. Schwartz

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)		
Name <u>Joseph V. Martin</u>			Name _____		
Number <u>91</u> Street <u>Laramie Lane</u>			Number _____ Street _____		
City <u>Brandon, MS</u> State _____ ZIP Code <u>39042</u>			City _____ State _____ ZIP Code _____		
Contact phone <u>601-519-1125</u>			Contact phone _____		
Contact email <u>vmm122@bellsouth.net</u>			Contact email _____		

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed? ☐ No  
☒ Yes. Claim number on court claims registry (if known) Case 18-12662-186 (EIN 87-0412648)  
Filed on 05/08/2018  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? ☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

## Fill in this information to identify the case:

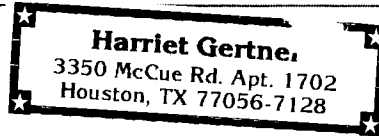
Debtor 1 Gilbert Gertner  
 Debtor 2 Harriet Gertner  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada  
 Case number BK-S 18-12662-LEB

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2018 JUL 13 PM 1 45  
 U.S. BANKRUPTCY COURT  
 MARY A. SCHOTT, CLERK

Official Form 410

## Proof of Claim



04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>Harriet Gertner (sole inheritor of Gilbert Gertner Estate)</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>Harriet Gertner</u> <u>3350 McCue Rd. Apt 1702</u> Number Street <u>Houston, Texas 77056</u> City State ZIP Code Contact phone <u>713-960-1200</u> Contact email <u>Harriet0815@aatt.net (att)</u>	Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 Erica Varrile

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

### Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

#### Part 1: Identify the Claim

1. Who is the current creditor? ☒ ERICA VARRILE  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else? ☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent? **Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name <u>ERICA VARRILE</u>	Name _____
Number <u>2775</u> Street <u>BOWLAND RD</u>	Number _____ Street _____
City <u>BEND</u> State <u>OR</u> ZIP Code <u>97509</u>	City _____ State _____ ZIP Code _____
Contact phone <u>(725) 846-2135</u>	Contact phone _____
Contact email <u>VARRILE.ERICA789@gmail.com</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed? ☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? ☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Thelma Jo Bennett

Debtor 2 Theodore Grant Bennett (deceased)  
(Spouse, if filing)

United States Bankruptcy Court for the Bankruptcy District of Nevada

Case number BK-5 18-12662-LEB

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2018 JUL 16 PM 2 27  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Thelma Jo Bennett

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Theodore Grant Bennett (deceased)

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name

Thelma Bennett

Name

680 Madison 8401

Number Street

Hindsville Ark. 72735

City State ZIP Code

City State ZIP Code

Contact phone 479-789-2897

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1

Medizone International  
INCDebtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: District of

Case number BK-5 18-12462-LEB

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

DANIEL M. NEWMAN

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name

DANIEL M. NEWMAN

Name

Number Street

11020 Weeping Willow Cr

Number Street

City

Richard Hill, TX 76077

City

State

ZIP Code

Contact phone

317 223 5254

Contact phone

Contact email

Decky@newmanllc.com

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1 Medizone International

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number 1314-S 14-12662-LEP

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2018 JUL 16 PM 2 23  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

### Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

#### Part 1: Identify the Claim

1. Who is the current creditor?

Timothy R. Ryan  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☐ No  
☒ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Timothy Ryan  
Name  
4310 L Hengjilani Rd #1  
Number Street  
Lahaina HI 96761  
City State ZIP Code

Where should payments to the creditor be sent? (if different)

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

Contact phone 908-214-8974  
Contact email trryan2825@gmail.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

4. Does this claim amend one already filed?

☐ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 WEDZON INTERNATIONAL, INC

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number BK-S 18-12662 NEB

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2018 JUL 17 PM 1 32

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

### Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

#### Part 1: Identify the Claim

1. Who is the current creditor?	<u>WILLIAM LESLIE STODDARD</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>WILLIAM LESLIE STODDARD</u> Name <u>216/105 APUNO DRIVE ROSEDALE</u> Number Street <u>AUCKLAND NEW ZEALAND 0632</u> City State ZIP Code Contact phone _____ Contact email <u>WILLIAM.STODDARD@GMAIL.COM</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

## Fill in this information to identify the case:

Debtor 1 Medizone International Inc

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LEB

RECEIVED  
AND FILED DLS  
2018 JUL 19 PM 1 44  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK  
04/16

## Official Form 410

## Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>Vincent Family Trust</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Vincent Family Trust</u> Name <u>P.O. Box 31157 Milburn</u> Number Street <u>Auckland N2</u> City State ZIP Code Contact phone <u>09 4159900</u> Contact email <u>John@dua.co.nz</u>	Name Number Street City State ZIP Code Contact phone Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 Medizone Int'l Inc.

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number 18-12662

RECEIVED  
AND FILED DLS2018 JUL 20 PM 12 54  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

✓ VALERY VARBLE

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name

✓ VALERY VARBLE

Number

✓ PO BOX 2087

Street

✓ EL PRADO NM 87529

City

State

ZIP Code

✓ Contact phone (775) 223-1521

✓ Contact email valeryvarble@me.com

me.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

-----

Name

Same

Number

1

Street

City

State

ZIP Code

Contact phone

Contact email

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

SCANNED

Fill in this information to identify the case:

Debtor 1 Medizone International Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the Las Vegas District of Nevada

Case number BK-S 18-12662-LEB

RECEIVED  
AND FILED

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2018 JUL 23 PM 3 09

Official Form 410

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

04/16

**Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

David Anthony Gaughan  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

David Gaughan ←  
Name  
212 Beachhaven Road  
Number Street  
Beachhaven Auckland New Zealand 0626  
City State ZIP Code

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

Contact phone +64 274 259 891

Contact phone \_\_\_\_\_

Contact email davidgaughan.nz@gmail.com

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Medizone International, Inc.Debtor 2  
(Spouse, if filing)United States Bankruptcy Court for the: District of NevadaCase number 18-12462-TabRECEIVED  
AND FILED

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2018 JUL 23 PM 1 41

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

medizone  
share

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

## 1. Who is the current creditor?

Arthur A. Willis

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

## 2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

## 3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

## Where should notices to the creditor be sent?

Arthur A. Willis

Name

PO Box 1061

Number

Street

Duxbury

City

Ma

State

02331

ZIP Code

Contact phone

781-832 6056

Contact email

arthur.willis@me.com

## Where should payments to the creditor be sent? (if different)

← Same

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

## 4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

## 5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1 Billy Erwin

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: USDC District of Nevada

Case number DK-S 18-12662-LEB

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2018 JUL 26 PM 1 27

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Part 1: Identify the Claim

1. Who is the current creditor?

Billy Erwin

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Billy Erwin

Name

4026 L. Whitewater Ave

Number

Street

Werton

City

FL

State

33222

ZIP Code

Contact phone

954-914-0502

Contact email

billyerwin16@gmail.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1

Brian Couture

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the:

District of

Nevada

Case number

BK-S 18-12662-LEBRECEIVED  
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2018 JUL 26 PM 1 26

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Brian Couture

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Brian Couture

Name

1809 NW 139th Terrace

Number

Street

Pembroke Pines FL 33028

City

State

ZIP Code

Contact phone

954-350-1010

Contact email

FCP4567@AOL.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case.

Debtor 1

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the

District of

Case number

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2018 JUL 27 PM 2 13

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

PETER A. SCHOENER

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?



No



Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

Where should notices to the creditor be sent?

PETER A. SCHOENER

Name

6 BRILEY PLACE

Number Street

NASHUA

NH

03063

City

State

ZIP Code

Contact phone

603.943.7540

Contact email

PASKLS@aol.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?



No



Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?



No



Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

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2018 JUL 30 PM 2 15

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

JACQUELINE ROSE  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

JACQUELINE ROSE  
Name  
3/58 ESPLANADE  
Number Street  
GOLDEN BEACH QLD 4551  
City State ZIP Code  
AUSTRALIA

Contact phone 0422 673 497Contact email Jacquierose55@hotmail.com

Where should payments to the creditor be sent? (if different)

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

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2018 JUL 30 PM 2 17

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Fred Schneider  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Fred Schneider  
Name  
606 Willow Ct  
Number Street  
Blairboro NJ 08028  
City State ZIP Code

Contact phone 215-589-4293Contact email Fred.Schneider606@gmail.com

Where should payments to the creditor be sent? (if different)

Fred Schneider  
Name  
606 Willow Court  
Number Street  
Blairboro NJ 08028  
City State ZIP Code

Contact phone \_\_\_\_\_

Contact email Fred.Schneider606@gmail.comUniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

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DLS

2018 JUL 31 PM 1 47

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Fill in this information to identify the case:

Debtor 1 MEDIZONE INTERNATIONAL, INC.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number BK-S-18-12662-LEB

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

## 1. Who is the current creditor?

Donald G. Smith

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

## 2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

## 3. Where should notices and payments to the creditor be sent?

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

## Where should notices to the creditor be sent?

Donald G. Smith

Name

418 Trimble Road

Number Street

Joppa

City

MD

State

21085

ZIP Code

Contact phone 410 679 8503Contact email Dcal2131@aol.com

## Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

## 4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

## 5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 DONNA M. Yeada

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the District of Nevada

Case number BK-18-12662-LKB

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AND FILED  
2018 AUG 1 PM 1 55  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>DONNA M. Yeada</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? <u>LEONARD E. SCHWARTZER (TRUSTEE)</u>	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>DONNA M. Yeada</u> Name <u>219 Messenger &amp; Stewart</u> Number Street <u>E. Boulder</u> <u>La</u> <u>15013</u> City State ZIP Code Contact phone <u>484 241 5609</u> Contact email _____	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Part 1: Identify the Claim

1. Who is the current creditor?	LAWRENCE WALTER COOKE & CONSTANCE MARY COOKE Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name MRL & MRS C COOKE 2 CIRENDON ROAD Number Street TITIRANGI, AUCKLAND, NEW ZEALAND 0604 City State ZIP Code Contact phone 0064 9 8175025 Contact email lmcooke56@gmail.com	Name (SAME) Number Street City State ZIP Code Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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Fill in this information to identify the case:

Debtor 1

Betty Jane Cecil

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the:

District of

Alameda

Case number

BK-5 18-12662 LEB

U.S. BANKRUPTCY COURT:

MARY A. SCHOTT, CLERK

U.S. BANKRUPTCY COURT:  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Betty Jane Cecil

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Betty Jane Cecil

Name

5340 Manauwea St

Number Street

Honolulu HI 96821

City

State

ZIP Code

Contact phone

(808) 373-2470

Contact email

ashley.janedee@gmail.com

Where should payments to the creditor be sent? (if different)

Betty Jane Cecil

Name

5340 Manauwea St

Number Street

Honolulu HI 96821

City

State

ZIP Code

Contact phone

(808) 373-2470

Contact email

ashley.janedee@gmail.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Official Form 410

**Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

Kathryne O'Connell  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Kathryne O'Connell  
Name  
8 Onyx Lane  
Number Street  
Portsmouth NH 03801  
City State ZIP Code

Contact phone

603 235 8136

Contact email

kaoptor@comcast.net

Where should payments to the creditor be sent? (if different)

same

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2  
(Spouse, if filing) \_\_\_\_\_United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADACase number B/KS-18-12662-LEBRECEIVED  
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**Proof of Claim**U.S. BANKRUPTCY COURT  
MARY K. SCHOTT, CLERK  
04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

RONALD R. COOMBER & CLAIRE T. COOMBER  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor: \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

Where should notices to the creditor be sent?

RONALD R. COOMBER  
Name  
6 KAMARU DRIVE  
Number Street  
MEDFIELD MA. 02052  
City State ZIP CodeContact phone 508-359-6868Contact email Ccoomber@comcast.net

Where should payments to the creditor be sent? (if different)

CLAIRE T. COOMBER  
Name  
← SAME  
Number Street  
← SAME  
City State ZIP CodeContact phone 508-359-6868Contact email ← SAMEUniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Medizone International, INC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number BK-S-18-12662-LEB

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Official Form 410

**Proof of Claim**

04/16

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Fillers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Jim Carroll</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>James M. Carroll</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Jim Carroll</u> Name <u>869 Geraldine St</u> Number Street <u>Livermore, Ca 94550</u> City State ZIP Code Contact phone <u>925-443-5399</u> Contact email <u>jamescarroll-1999@yahoo.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 MEDIZONE International Inc

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number 18-12662-Deb ETN: 82-0412648

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>NANCY A. PENZA</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  <u>Nancy A. Penza</u> Name <u>447 Washington St</u> Number Street <u>Norwell</u> <u>MA</u> <u>02061</u> City State ZIP Code  Contact phone <u>781-659-1218</u> Contact email <u>Norwell2@aol.com</u>	Where should payments to the creditor be sent? (if different)  Name _____ Number Street _____ City State ZIP Code _____  Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 MEDIZONE INTERNATIONAL, INC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number BK-S 18-12662-LEB

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Official Form 410

**Proof of Claim**

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

JAMES BELLMAN & DENEEN BELLMAN  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor N/A

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

JAMES BELLMAN  
Name  
1836 GRAND ISLE BLVD  
Number Street  
VIERA FL 32940  
City State ZIP Code

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

Contact phone 516 422-5491

Contact phone \_\_\_\_\_

Contact email JBELLMAN@JAND.COM  
SUNO

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: District of

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

RUBY BOECKER

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)



RUBY BOECKER  
4385 JOHANNA AVE  
LAKEWOOD, CA 90713-3303

City

State

Name

Number Street

City

State

ZIP Code

Contact phone

562-429-7104

Contact phone

Contact email

rubyboecker@verizon.net

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>JAMES RICHARD CAMPBELL</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  <u>JAMES R. CAMPBELL</u> Name <u>3 MAINSTAY LANE</u> Number Street <u>BOURNE MA 02532</u> City State ZIP Code Contact phone <u>508-743-9734</u> Contact email <u>CHEMPHARM2@YAHOO.COM</u>	Where should payments to the creditor be sent? (if different)  <u>Same</u> Name Number Street City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

### Proof of Claim

04/16

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Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

#### Part 1: Identify the Claim

1. Who is the current creditor?	Peter and Annette Mullarkey Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name: Peter and Annette Mullarkey Number: 27 Street: Sampo Place City: Quincy State: MA ZIP Code: 02169 Contact phone: 617-773-9080 Contact email: N/A	Name: _____ Number: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Contact phone: _____ Contact email: _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Thomas G Beaumont & Mary B Beaumont  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Mary B Beaumont

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Thomas Beaumont  
Name  
2316 Fox Glenn Circle  
Number Street  
Bedford Texas 76021  
City State ZIP Code

Contact phone

817 846-7360

Contact email

beaumont4@gmail.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1

Medzone International, Inc.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the:

District of

Case number

18-12662

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Official Form 410

2018 AUG 29 PM 1 58

**Proof of Claim**

U.S. BANKRUPTCY COURT

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?



CINDY SHETLER VARBLE

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?



No

☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)



CINDY SHETLER VARBLE

Name



1644 ZALDIA DR.

Number

Street



MINDEN NV

89423

City

State

ZIP Code



Contact phone (775) 230-8750



Contact email rcvarble@gmail.com

Name

Same

Number

Street

City

State

ZIP Code

Contact phone

SAME

Contact email

" "

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?



No

☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?



No

☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1 Medizone International, Inc.

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number 18-12662

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2018 AUG 29 PM 1 57

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor? ☒ DYKE R VARBLE  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else? ☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent? **Where should notices to the creditor be sent?**  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
☒ DYKE R VARBLE  
Name 1644 ZALDIA DRIVE  
Number Street  
MINDEN NV 89423  
City State ZIP Code  
☒ Contact phone 775 720-9273  
☒ Contact email rcvarble@gmail.com

**Where should payments to the creditor be sent? (if different)**  
Name Same  
Number Street  
City State ZIP Code  
Contact phone SAME  
Contact email "

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed? ☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? ☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Linda Patow Medizone Int, Inc.

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LER

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AND FILED

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2018 AUG 29 PM 1 55

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

### Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

#### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Linda Patow</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Al Patow (husband deceased)</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  <u>Linda Patow</u> Name <u>10251 Kings St.</u> Number Street <u>Los Alamitos, CA 90720</u> City State ZIP Code Contact phone <u>(562) 544-0760</u> Contact email <u>sehckky@aol.com</u>	Where should payments to the creditor be sent? (if different)  _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 ROBERT Mc GUIRE

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number BKS 18-12442-LEB

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2018 SEP 4 PM 1 30

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>ROBERT Mc GUIRE</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>ROBERT Mc GUIRE</u> Name <u>205 SPRUCE ST</u> Number Street <u>DENVER, PA 17517</u> City State ZIP Code Contact phone <u>(717) 445-7501</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone <u>(717) 445-7501</u> Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Fill in this information to identify the case:**

Debtor 1 MEDIZONE INTERNATIONAL, INC.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court **District of Nevada**

**Case number: 18-12662**

FILED

**U.S. Bankruptcy Court  
District of Nevada**

9/10/2018

**Mary A. Schott, Clerk**

# Official Form 410 **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

## Part 1: Identify the Claim

**1. Who is the current creditor?**

Henry L. Kozloski

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Teresa Kozloski C/F

2. Has this claim been acquired from someone else?

☒ No  
☐ Yes. From whom?

**3. Where should notices and payments to the creditor be sent?**

**Where should notices to the creditor be sent?**

**Where should payments to the creditor be sent? (if different)**

Henry L. Kozloski

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

Name

Name

PO BOX 370  
East Otis, MA 01029

Contact phone 413-335-5456

Contact phone \_\_\_\_\_

Contact email hkozloski@aol.com

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No  
☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No  
☐ Yes. Who made the earlier filing?

Fill in this information to identify the case:

Debtor 1	<u>MED/ZONE INTERNATIONAL INC.</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of <u>NEVADA</u>
Case number	<u>BK-S 18-12662-LFB</u>

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2018 SEP 7 PM 2 11  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>JOSEPH GENEBE</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>JOSEPH GENEBE</u> Name <u>178 ECHO AVE</u> Number Street <u>EDISON NJ 08837</u> City State ZIP Code Contact phone <u>917-841-3800</u> Contact email <u>JOEN61954@GMAIL.COM</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 Medizone International, Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number BK-S 18-12662-LEB

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

04/16

## Official Form 410

## Proof of Claim

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

Sherry M. Adler  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Sherry M. Adler  
Name  
24 Coakley Ave.  
Number Street  
Harrison NY 10528  
City State ZIP Code

Contact phone

(914) 835-2707

Contact email

Sher480c@optonline.net

Where should payments to the creditor be sent? (if different)

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor 1 MEDIZONE INTERNATIONAL, INC.  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court District of Nevada  
 Case number: 18-12662

FILED

U.S. Bankruptcy Court  
District of Nevada

9/11/2018

Mary A. Schott, Clerk

**Official Form 410  
Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>KENNETH D HOLROYD</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>KENNETH D HOLROYD</u> Name 419 BANNOCKBURN AVE AMBLER PA 19002-5806  Contact phone <u>215-789-5077</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name  Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Fill in this information to identify the case:**

Debtor 1 MEDIZONE INTERNATIONAL, INC.  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court District of Nevada  
 Case number: 18-12662

FILED

U.S. Bankruptcy Court  
District of Nevada

9/12/2018

Mary A. Schott, Clerk

**Official Form 410  
Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>JOASIA CARSON</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>JOASIA CARSON</u>	_____
	Name	Name
	<u>P O BOX 2147</u> <u>MILL VALLEY CA 94942</u>	
	Contact phone <u>4154569066</u>	Contact phone _____
Contact email _____	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 Medizone International, INC.  
 Debtor 2 District of Nevada  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada  
 Case number 18-12662-LEB

EFN 87-0412648

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U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK  
04/16

## Official Form 410

## Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?

DANA GUERTIN

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

DANA GUERTIN

Name

2130 CAROLYN WAY

Number

Street

Bountiful UT 84010

City

State

ZIP Code

Contact phone

8018886280

Contact email

dana-guertin@hotmail

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Medizone International, Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LEB

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AND FILED **DLS**

2018 SEP 13 PM 1 53

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>Morgan and Ruth O'Shea</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  <u>Morgan and Ruth O'Shea</u> Name <u>105 Nightingale Ave.</u> Number Street <u>Quincy</u> <u>MA</u> <u>02169</u> City State ZIP Code Contact phone <u>617-479-0296</u> Contact email <u>mooshea@comcast.net</u>	Where should payments to the creditor be sent? (if different)  Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 Medizone INTERNATIONAL INC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LEB

RECEIVED  
AND FILED DLS

2018 SEP 13 PM 1 53

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Maribeth Kambitsch</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Maribeth Kambitsch</u> Name <u>2813 COMANCHE DR.</u> Number Street <u>Kettering OH 45420</u> City State ZIP Code Contact phone <u>937 903 0600</u> Contact email <u>mbkai@juno.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:

Debtor 1 Medizone International Inc.

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LEB

RECEIVED  
AND FILED DLS

2018 SEP 14 AM 11 02

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

04/16

Official Form 410

**Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

Catherine M. Campigno  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Anthony M. Campigno

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Catherine ~~Anthony~~ Campigno  
Name  
35 Elm Ave East  
Number Street  
SE KIRK NY 12158  
City State ZIP Code

Contact phone

518-767-5572

Contact email

CMC@mp35@yahoo.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Medizone International Inc.

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18 12662-LEB

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AND FILED

2018 SEP 14 AM 11 01

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

Rudolph K. Paulsen Jr.  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Rudolph K. Paulsen Jr.  
Name  
18 Traditional Lane  
Number Street  
Loudonville NY 12211  
City State ZIP Code

Contact phone 518-438-7629

Contact email rpaulsen1@nycap.rr.com

Where should payments to the creditor be sent? (if different)

same  
Name

Number Street

City State ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 MEDIZONE INTERNATIONAL, INC.

Debtor 2  
(Spouse, if filing): \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of NEVADA

Case number BK-S 18-12662-LEB

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AND FILED

2018 SEP 14 AM 11 17

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>RONALD ST. JOHN</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor: <u>PEGGY ST. JOHN</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>RONALD ST. JOHN</u> Name <u>1320 POTTER DRIVE</u> Number Street <u>MANOTICK ONTARIO K4M 1C6</u> City State ZIP Code <u>CANADA</u> Contact phone <u>613-692-0636</u> Contact email <u>ronalstjohn@gmail.com</u>	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Filed on MM / DD / YYYY

Official Form 410

Proof of Claim

page 1

000039

26709000039022

Debtor 1 SOLOMON VOLEN

Debtor 2 (Spouse, if filing) IRMA VOLEN (DECEASED)

United States Bankruptcy Court for the \_\_\_\_\_ District of NEVADA

Case number BK 8 18 12662 LEB

Medizone International

RECEIVED  
AND FILED

2018 SEP 21 AM 11 56

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

04/16

Official Form 410

**Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?  
Name of the current creditor (the person or entity to be paid for this claim) SOLOMON VOLEN  
Other names the creditor used with the debtor IRMA VOLEN (DECEASED)

2. Has this claim been acquired from someone else?  
☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
Where should notices to the creditor be sent?  
Name SOLOMON VOLEN  
Number 11921 Street COVERT RD.  
City PHILLY State PA ZIP Code 19154  
Contact phone 215 637 1176  
Contact email N3UB4@ARRL.NET  
Where should payments to the creditor be sent? (if different)  
Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_  
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?  
☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on 8 30 2018  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Medizone International

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number 18-12662-1eb

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AND FILED

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2018 SEP 24 PM 2 10

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>David Krombeen</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>David Krombeen</u> Name <u>1557 Lakeside Dr.</u> Number Street <u>Hudsonville MI 49426</u> City State ZIP Code Contact phone <u>616-540-5509</u> Contact email <u>pj.krombeen@att.net</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

4/6

Fill in this information to identify the case:

Debtor 1 NEOTONE INTERNATIONAL INC.

Debtor 2 \_\_\_\_\_  
Spouse, if any: \_\_\_\_\_

United States Bankruptcy Court for the NV District of USBC

Case number BK-51812662 LEB

Official Form 410

EGP  
RECEIVED  
AND FILED  
SEP 27 2018  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Read the instructions on the back of this form. Fill in the information requested. Attach copies of documents that support the claim. Make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

W O O X Y Z A W M M M M

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 306) that you received.

Part 1 Identify the Claim

1. Who is the current creditor?

RENEE PAULSON  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No  
☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent (if different)?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

RENEE PAULSON  
Name  
2247 WEEDHARE LANE  
Number Street  
WESTLAKE VILL CAL 91361  
City State ZIP Code

SAME  
Name  
Number Street  
City State ZIP Code

Contact phone 8188895808

Contact phone

Contact email ORENEE@BANKMUN.NET

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim enter and one already filed?

☒ No  
☐ Yes. Claim number on court claims registry (if known)

Filed on MM DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No  
☐ Yes. Who made the earlier filing?

2018 SEP 27 PM 12:28  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK  
RECEIVED AND FILED  
EGP

Fill in this information to identify the case:

Debtor 1 Medizone International, Inc. (Medizone)

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number \_\_\_\_\_

RECEIVED  
AND FILED **DLS**

2019 JAN 28 PM 2 28

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

Pauline L. King

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

NA

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Pauline L. King  
Name  
1247 Grace Meadow Drive  
Number Street  
Mooresville, NC 28115-2709  
City State ZIP Code

Contact phone

704-663-4476

Contact email

NA

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Medicone International, Inc. (Medicone)

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number \_\_\_\_\_

RECEIVED  
AND FILED2019 FEB 22 PM 1:10  
**RETURNED**U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

Pauline L. King  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor: NA

2. Has this claim been acquired from someone else?

☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Pauline L. King  
Name  
1247 Grace Meadow Drive  
Number Street  
Mooreville, NC 28052-2709  
City State ZIP Code

Contact phone 704-643-4476  
Contact email NA

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

Where should payments to the creditor be sent? (if different)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_

4. Does this claim amend one already filed?

☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

Fill in this information to identify the case:

Debtor 1 Paul D Borchardt

Debtor 2 Paula R Borchardt  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number BK-S 18-12662-LEB

REC-1125  
AND-1125EGP 2020 FEB 7 PM 2:54  
U.S. BANKRUPTCY COURT  
MARLBOROUGH, MA  
CLERK

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>Paul D Borchardt</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Paula Borchardt</u> Name <u>PO Box 2509</u> Number Street <u>Amarillo TX 79105</u> City State ZIP Code Contact phone <u>806-680-2600</u> Contact email <u>Paula2wonderlandpark.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
	Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

# EXHIBIT “3”

**SCHWARTZER & MCPHERSON LAW FIRM**  
 2850 South Jones Boulevard, Suite 1  
 Las Vegas, Nevada 89146-5308  
 Tel: (702) 228-7590 · Fax: (702) 892-0122

Jason A. Imes, Esq., NV Bar No. 7030  
 Schwartzer & McPherson Law Firm  
 2850 South Jones Boulevard, Suite 1  
 Las Vegas NV 89146-5308  
 Telephone: (702) 228-7590  
 Facsimile: (702) 892-0122  
 E-Mail: [bkfilings@s-mlaw.com](mailto:bkfilings@s-mlaw.com)  
*Counsel for Lenard E. Schwartzer, Trustee*

**UNITED STATES BANKRUPTCY COURT**

**DISTRICT OF NEVADA**

In re: Case No. BK-S-18-12662-ABL

MEDIZONE INTERNATIONAL, INC., Chapter 7

Debtor. **[ PROPOSED ] ORDER GRANTING  
 OMNIBUS OBJECTION FOR AUTHORITY  
 TO DESIGNATE CERTAIN PROOFS OF  
 CLAIM AS SHAREHOLDER INTERESTS  
 (FRBP 3007(d))**

Hearing Date: June 10, 2020

Hearing Time: 9:30 a.m.

The Trustee's *Omnibus Objection to Designate Certain Claims as Shareholder Claims* (the "Omnibus Objection") [ECF No. \_\_\_\_] having come before this Court on \_\_\_\_\_, 2020; Lenard E. Schwartzer (the "Trustee"), Chapter 7 Trustee, appearing by and through his counsel, Jason A. Imes, Esq., of the Schwartzer & McPherson Law Firm; other parties appearing as noted on the record; the Court finding that notice has been given to all creditors and parties in interest as required by law, there being no opposition, the Court having made its findings of fact and conclusions of law upon the record which are incorporated herein pursuant to Federal Rules of Bankruptcy Procedure 9014(c) and 7052, and for good cause appearing,

**IT IS HEREBY ORDERED** that the Trustee's Omnibus Objection is GRANTED; and

1 **IT IS FURTHER ORDERED** that for purposes of distribution of the assets of this  
 2 bankruptcy estate, the following 77 proofs of claim filed herein shall be deemed timely filed  
 3 proofs of shareholder equity security interests rather than proofs of claim pursuant to Fed. R.  
 4 Bankr. P. 3007:

Claim No.	Claimant	Date Filed	Amount Claimed
4	Hans Peter Peters	06/07/2018	\$ 86,250.00
7	Stephanie Freeman	06/26/2018	\$ 0.00
8	Tevon (Dedona) Davis, Tevon Mertz	06/25/2018	\$ 0.00
9	Thomas Booth Harris	06/25/2018	\$ 21,776.85
10	Robert A Kelley	06/25/2018	\$ 750.00
11	David E. Arthur	06/25/2018	\$ 500.00
12	Thomas Booth Harris	06/25/2018	\$ 21,776.85
13	Darlene M. Laino-Kuren	06/25/2018	\$ 0.00
14	Daniel Durica & Rosemary T. Durica JT TEN	06/25/2018	\$ 2,500.00
15	John S. and Sally J. Washburn JT TEN	06/26/2018	\$ 0.00
16	Batty A. and Cynthia L. Fadden	06/26/2018	\$ 0.00
17	Nancy E. Miller	06/27/2018	\$ 500.00
18	Stephanie Freeman	06/28/2018	\$ 0.00
19	Dorothy J. Jackson	06/28/2018	\$ 500.00
20	Richard L. and Lorna J. Johnson	06/28/2018	\$ 0.00
21	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	06/29/2018	\$ 0.00
22	Greg M. Conger	07/02/2018	\$ 10,699.48
23	The Sunset Trust, Maud P. Leonard, deceased, Russell L. Leonard	07/02/2018	\$ 0.00
24	Patsy Wong	07/02/2018	\$ 955.63
25	Joel Savitch	07/02/2018	\$ 0.00
26	Deborah L. Perri	07/02/2018	\$ 0.00
27	Guenter B. Moldzio, c/o Andria Moldzio, Trustee	07/02/2018	\$ 5,000.00
28	Carla G. Brunner	07/02/2018	\$ 100.00
29	Manuel Perea	07/05/2018	\$ 500.00
30	Peter and Sheila DiPiazza	07/05/2018	\$ 0.00

31	George James Kamoutsis	07/06/2018	\$ 500.00
32	Bruce Oryson	07/11/2018	\$ 761.00
33	Elaine Parenteau	07/12/2018	\$ 500.00
35	Joseph V. Martin	07/13/2018	\$ 575,000.00
36	Harriet Gertner	07/13/2018	\$ 0.00
37	Erika Varble	07/16/2018	\$ 951.60
38	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	07/16/2018	\$ 72,350.00
39	Daniel M. Newman	07/16/2018	\$ 0.00
40	Timothy R. Ryan	07/16/2018	\$ 3,000.00
41	William Leslie Stoodard	07/17/2018	\$ 0.00
44	Vincent Fam. Trust	07/19/2018	\$ 10,000.00
45	Valery Warble	07/20/2018	\$ 951.60
47	David Anthony Gaughan	07/20/2018	\$ 1641.20
48	Arthur Allison Wills III	07/23/2018	\$ 0.00
49	Billy Erwin	07/26/2018	\$ 151,500.00
50	Brian Couture	07/26/2018	\$ 261,500.00
51	Peter Schoener	07/27/2018	\$ 83,000.00
52	Jacqueline Rose	07/30/2018	\$ 633.00
53	Fred Schneider	07/30/2018	\$ 441.00
54	Donald G. Smith	07/31/2018	\$ 750.00
55	Donna M. Teada	08/01/2018	\$ 0.00
57	Lawrence Walter Cooke & Constance Mary Cooke JT TEN	08/03/2018	\$ 11,665.00
58	Betty Jane Cecil	08/06/2018	\$ 5,020.00
59	Kathryne O'Connell	08/06/2018	\$ 52,000.00
60	Ronald R. Coomber & Claire T. Coomber JTWROS	08/07/2018	\$ 36,599.00
61	Jim Carroll	08/13/2018	\$ 10,000.00
62	Nancy A. Penza	08/13/2018	\$ 0.00
63	James Bellman, Deneen Bellman	08/13/2018	\$ 11,502.10
64	Ruby M. Boecker	08/13/2018	\$ 1,000.00
65	James Richard Campbell	08/17/2018	\$ 0.00

66	Peter M. Mullarkey & Annette J. Mullarkey	08/17/2018	\$ 6,500.00
67	Thomas G. Beaumont, Mary B. Beaumont	08/20/2018	\$ 500.00
69	Cindy Shelter Varble	08/29/2018	\$ 951.60
70	Dyke R. Varble	08/29/2018	\$ 951.60
71	Linda Patow	08/29/2018	\$ 10,000.00
73	Robert McGuire	09/04/2018	\$ 0.00
77	Henry L. Kozloski	09/10/2018	\$ 800.00
78	Joseph Gehebe	09/07/2018	\$ 750.00
79	Sherry M. Adler	09/10/2018	\$ 2,300.00
81	Kenneth D. Holroyd	09/11/2018	\$ 22,000.00
82	Joasia Carson	09/12/2018	\$ 0.00
83	Dana Guertin	09/13/2018	\$ 1,500.00
84	Morgan and Ruth O'Shea	09/13/2018	\$ 540.00
85	Maribeth Kambitsch	09/13/2018	\$ 3,647.76
86	Catherine M. Campigno & Anthony M. Campigno	09/14/2018	\$ 425.00
87	Rudolph K. Paulsen, Jr.	09/14/2018	\$ 581.25
88	Ronald St. John	09/14/2018	\$ 0.00
89	Solomon Volen & Irma Volen JT TEN	09/21/2018	\$ 200.00
90	David M. Krombeen	09/24/2018	\$ 12,880.00
91	Renee Paulson	09/27/2018	\$ 250,000.00
92	Pauline L. King	01/28/2019	\$ 0.00
93	Paul D. Borchadt and Paula R. Borchadt	02/07/2020	\$ 30,595.00

Submitted by:

\_\_\_\_\_  
 Jason A. Imes, Esq.  
 Schwartzer & McPherson Law Firm  
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*Attorneys for Lenard E. Schwartzer, Trustee*

**Local Rule 9021 CERTIFICATION**

In accordance with LR 9021, counsel submitting this document certifies that the order accurately reflects the court's ruling and that (check one):

☐ The court waived the requirement of approval under LR 9021(b)(1).

☐ No party appeared at the hearing or filed an objection to the motion.

☐ I have delivered a copy of this proposed order to all counsel who appeared at the hearing, and any unrepresented parties who appeared at the hearing, and each has approved or disapproved the order, or failed to respond, as indicated above.

☐ I certify that this is a case under Chapter 7 or 13, that I have served a copy of this order with the motion pursuant to LR 9014(g), and that no party has objection to the form or content of the order.

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Jason A. Imes, Esq.  
Schwartzter & McPherson Law Firm

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